

SCHOOL SAFETY INSTITUTE 2000
Safe School Climate: Enhancing Learning Through Leadership

REGISTRATION FORM

NAME _____

last

middle

first

SOCIAL SECURITY NUMBER _____

HOME ADDRESS (street) _____

(city) _____ (state) _____ (zip) _____

Will address change after end of school year? (Y) _____ (N) _____

HOME PHONE _____ WORK PHONE _____

SCHOOL NAME _____ SCHOOL DIVISION _____

TEACHER?(Y) _____ GRADE LEVEL? _____

OTHER JOB TITLE? _____

GRADE LEVEL RESPONSIBILITY? _____

SPECIAL EDUCATION TEACHER?(Y) _____ (N) _____

Teach Special Education students in regular education classroom?(Y) _____ (N) _____

All housing is in campus residence halls, double occupancy. Please indicate your preference for a roommate. If you have no preference, we will assign you a roommate. If you have special needs that require a single room, please explain. More information will be sent with registration confirmation

I would like to share a room with (name): _____

I have no preference for a roommate: _____ *Special Needs:* _____

THIS IS A NON SMOKING ENVIRONMENT IN BOTH DORMS AND MEETING ROOMS.

(please see over)

Each team must consist of no less than two, no more than five members. Please list below the names of your team members (other than yourself):

1. _____

2. _____

3. _____

4. _____

Complete this registration and return to:

Office of Substance Abuse Research
SSI 2000
JMU/MSC 4007
Harrisonburg, VA 22807
ph. (540) 568-2736 or (540) 568-7097

\$200. NON-REFUNDABLE payment must accompany registration

I will pay with check: _____

I will pay with a P.O.: _____ *P.O. #:* _____

NO FAXED REGISTRATIONS WILL BE ACCEPTED

DEADLINE: July 14—or 60 people, whichever comes first.